REQUEST FOR PATENT FEE REFUND		
1 Date of Request: (2/27/05 2 Serial/Patent # 10/577444		
3 Please refund the following fee(s):	4 PAPER 5	DATE FILED 6 AMOUNT
Filing		\$
Amendment		\$
Extension of Time		\$
Notice of Appeal/Appeal		\$
Petition		\$
Issue		\$
Cert of Correction/Terminal Disc.		\$
Maintenance		\$
Assignment		\$
Johner Slanch des adjustment		\$ 100
	7 TOTAL AMOUNT OF REFUND \$ /00	
	8 TO BE REFU	NDED BY:
10 REASON:	Treasury Check	
Overpayment	Credi	t Deposit A/C #:
Duplicate Payment	, 23	0975
No Fee Due (Explanation):		
11 REFUND REQUESTED BY:		
TYPED/PRINTED HAME: Klya Lewis (Bahimare) TITLE: Kasalega-		
SIGNATURE: 1039308-9140		
OFFICE:		
THIS SPACE RESERVED FOR FINANCE USE ONLY:		
APPROVED:	Date:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$12B